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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Complete if Known | | | | |
|--|---|---------------------|----------------------|----------------------------|-------------------|---|-----------------------|--|
| | | Application Number | 10/008,484 | | | | | |
| FEE T | IAL | Filing Date | November 5, | November 5, 2001 | | | | |
| X | | First Named Invento | r Donald Henry | Donald Henry Willis | | | | |
| | | | | Examiner Name | Paulos M. Ba | tnael | | |
| Applicant claim | e 37 CFR 1.27 | Art Unit | 2614 | | | | | |
| TOTAL AMOUNT O | | (\$) 1,5 | | Attorney Docket No. | PU000146 | | | |
| METHOD OF PAYMENT | (aback all that and | dia | · | | | <u> </u> | | |
| | edit card | Money (| Order | None | Other (plea | ase identify): | | |
| □ Deposit Accour | | unt Number @ | <u> </u> | Deposit Account | Name: <u>11</u> | HOMSON LICENS | ING INC. | |
| For the above-ide | entified deposit | account, the | e Director is hereb | y authorized to: (ch | | • | | |
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| | | -2030. | ****** | <u></u> | | | | |
| FEE CALCULATION | | | | | - | *** | | |
| 1. BASIC FILING, SE | ARCH, AND I | | | CH FEES | EXAMINA | EXAMINATION FEES | | |
| | | mall Entity | | Small Entity | | Small E | intity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | <u>Fee (\$)</u> | Fees Paid (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | ੍ਰੇ 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM F | EES | | | | | Small ! | Entity | |
| Fee Description | | | | | <u>Fee</u> | <u> (\$)</u> | <u>Fee (\$)</u> | |
| Each claim over 20 (inclu | | | 50 | | 25 | | | |
| Each independent claim over 3 (including Reissues) | | | | | 200 | | 100 | |
| Multiple dependent claim Total Claims | Multiple dependent claims Total Claims Extra Claims Fee (\$) | | | Fee Paid (\$) | | 360 180 <u>Multiple Dependent Claims</u> | | |
| l | or HP = | a Claims | <u>Fee (\$)</u> | <u> </u> | | : (\$) | Fee Paid (\$) | |
| HP = highest number of t | | for, if greater | than 20. | | | | | |
| Independent Claims | Ext | ra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| - 3 o HP = highest number of i | or HP = independent clai | ms paid for, if | x greater than 3. | | | | | |
| 3. APPLICATION SIZ | E FEE | | | | | | | |
| If the specification and | | eed 100 she | ets of paper (exc | luding electronically | filed sequence of | or computer | | |
| listings under 37 CFR sheets or fraction ther | 1.52(e)), the a | application si | ze fee due is \$25 | 0 (\$125 for small en | | • | | |
| Total Sheets | Extra She | ets <u>M</u> | lumber of each a | additional 50 or fra | ction thereof | Fee (\$) | Fee Paid (\$) | |
| - 100 = | | _ \ / 50 = _ | (rou | nd up to a whole nu | mber) x, | | = | |
| 4 OTHER FEE(8) | | | | | | | Fees Paid (\$) | |
| 4. OTHER FEE(S) Petition to revive an unintentionally abandoned application | | | | | | | | |
| | | | -b-b-1 | | | | 1,500 | |
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| | · . | | | | | ************** | | |

| SUBMITTED BY | | | | | | | | | | |
|-------------------|-----------------|--------------------------------------|--------|-----------|----------------|--|--|--|--|--|
| Name (Print/Type) | Vincent E_Duffy | Registration No. (Attorney/Agent) | 39,964 | Telephone | (317) 587-4019 | | | | | |
| Signature | 1/men 9/1 | | | | Date: 2/24/05 | | | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the embourt of time you require to major supposed storate for reducing this burden, should be sent to the Chief Information Officer, U.S. Pateria and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Abstracting, V.A. 2213-1450. DO NOT SEMD FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMD TO: Commissioner for Pateria, P.O. Box 1450, Abstracting, V.A. 2213-1450. If you need assistance in completing from call 1-800-PTO-9199 and select option 2.



Report to Data Base Docket No: PU000146 Title: High Definition Matrix Display Method for Standard Definition TV Signals Inventor(s): Donald Henry Willis Serial No. 10/008,484 PATENT OPERATIONS Filed: 11/05/2001 Atty: Vincent E. Duffy

02/24/05 Enter Date Mailed Enter Number Charge 10/23/04 Due Drawings Abstract Pages Supplemental Certificate of Mailing Reg. Priority 35USC119 Voluntary IDS w/ 2 references Statement under §1.56 Statement DOE Lic. To For. File w/Drawing Correction(s) Letter to Exam/Draftsperson After Allowance U/R312 After Final Rejection After Rejection Sheets of Specification Pgs Claim Pages Claims in Excess Independent Pg(s). of Formal Dwg(s) **AMENDMENTS** OTHER APPLICATION AS FILED Check Type Divisional Original-US US Provisional Re-Exam Mailed **CPA/RCE** Continuation Due Check Items Mailed with Application Statement under CFR § 1.56-013M Utility Application Transmittal Priority Document -Claim Disclaimer Statement NASA Cert. of Correction Ext.Time§1.136(b) Pet. To Withdraw. Reply Brief Fee Transmittal Sheet in duplicate IDS 1449 with References Preliminary Amendment Assignment & Recordation Sheet Declaration Suppl. Declaration Status Letter Appeal Brief Declaration Notice of Appeals Terminal Disclaimer REQUESTS APPEALS OTHER 02/24/05 02/24/05 Mailed Label No.: Charge Date Deposited: 02/24/2005 e Due **Express Mail Application** \$1500 duplic. Appointment Atty/Agent Ext Time§ 1.136(a) Filing Fee Exp. Notif. of Foreign Ref. Letter to PO T O Fee Trans.Form in Add.Payment of Fee Petition to Revive Correction Of Record Assignment & Record Issue Fee TOTAL FEE AMT. STHER FEES

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